2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F01000002665 DOCUMENT

1. Entity Name



FILED Mar 21, 2003 8:00 am Secretary of State

03-21-2003 90076 001 ***150.00

AKOPIAN, GOAR 1451 W. CYPRESS CREEK ROAD, SUITE 300 FORT LAUDERDALE FL 33309 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	HH GLO	BAL CAPITAL PARTNERS INC) .							
Suite, Apt. 4, etc. City & State Country Street Address of Current Registered Agents City & State Desired 6. Name and Address of Current Registered Agents City & State Desired City Registered Agents City & State Desired Agents City & State Desired City Registered Agents City & State Desired City Registered Agents City & State Desired Address of New Registered Agents City FL Zo Coco 8. The above named writing submits this statement for the purpose of changing its registered agent, or both, in the State of Forica. I am familiar with, and accept the desired plant or provide lines of important open and state it accepts and country agents of the purpose of changing its registered affice or registered agent, or both, in the State of Forica. I am familiar with, and accept the purpose of registered agent, or both, in the State of Forica. I am familiar with, and accept the purpose of registered agent, or both, in the State of Forica. I am familiar with, and accept the purpose of registered agent, or both, in the State of Forica. I am familiar with, and accept the purpose of registered agent, or both, in the State of Forica. I am familiar with, and accept the purpose of registered agent, or both, in the State of Forica. I am familiar with, and accept the purpose of registered agent, or both, in the State of Forica. I am familiar with, and accept the purpose of registered agent, or both, in the State of Forica. I am familiar with, and accept the purpose of registered agent, or both, in the State of Forica. I am familiar with, and accept the purpose of registered agent, or both, in the State of Forica. I am familiar with, and accept the purpose of registered agent, or both, in the State of Forica. I am familiar with, and accept the purpose of registered agent, or both, in the State of Forica. I am familiar with, and accept the purpose of registered agent, or b	1451 W. CYPRESS CREEK ROAD. SUITE 300 1451 W. CYPRESS CREEK			K ROAD, SUITE 300	1			† 17 10 11 04 1		1 6 8 4881 8444 1881
City & State Signature City & State City	2. Principal	Place of Business	3. Mailing Address							
Zp Country Zip Country S. Certificate of Status Desired \$5.75 Additional Regulatered Agent \$7.75 Additional Regulatere	Suite, Apt	:. #, etc.	Suite, Apt. #, etc.				CHECK HERE IF	- MAKING	CHANGE	S
So Name and Address of Current Registered Agent =	City & State		City & State			4. FEI Number	65-1100354			
HCRM CORP. 2200 CORPORATE BLVD., N.W., SUITE 401 BOCA RATON FL 33431 B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familier with, and accept tight of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familier with, and accept tight of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familier with, and accept tight of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familier with, and accept tight of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familier with, and accept tight of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familier with, and accept tight of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familier with, and accept tight of the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept tight of the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept tight of the purpose of registered agent, or both, in the State of Florida. I am familier with, and accept tight of the purpose of registered agent, or both, in the State of Florida. I am familier with, and accept tight of the purpose of registered agent, or both, in the State of Florida. I am familier with, and accept tight of the purpose of registered agent, or both, in the State of Florida. I am familier with, and accept tight of the purpose of registered agent, or both of the	Zip			·	5	5. Certificate of S	Status Desired		\$8.75 A	dditional
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Street Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable) City FL 2p Coor										·
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept global control of registered agent. City FL Zip Cook				Street Addre	ess (P.O	D. Box Number is	Not Acceptable)			·
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SIGNATURE Signature Superior				1 '					1 '	
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIBERT ADDRESS OCHY-ST-2IP OPMIPANO BEACH FL 33069 TITLE NAME OCHY ST-2IP OFFICERS CREEK ROAD, SUITE 300 FORT L'AUDERDALE FL 33309 TITLE NAME NAME SIREET ADDRESS OCHY-ST-2IP OFFICERS AND DIRECTORS OCH AND OCH A	8. The above the obliga	e named entity submits this statement for the tions of registered agent.	ne purpose of changing its	registered office or reg	istered	agent, or both, in	n the State of Flori	da. I am fa	amiliar with	, and accept
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #